

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) For Our Future			FEC IDENTIFICATION NUMBER ▼ C C00620971		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee For Our Future Action Fund X			Date of Public Distribution/Dissemination 07 / 04 / 2016		
Mailing Address 888 16th St NW Ste 650			Amount 16961.53		
City Washington State DC Zip Code 20006-4112		Transaction ID : VSG8M9PC9Y1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure Estimated Cost for Canvassing Services from 7/4-7/10		Category/Type 004			
Name of Federal Candidate HILLARY RODHAM CLINTON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		
Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Calendar Year-To-Date Per Election for Office Sought 35669.32					
Full Name of Payee Image Plus Graphics, Inc. X			Date of Public Distribution/Dissemination 07 / 05 / 2016		
Mailing Address 1440 NE 131st St			Amount 7561.64		
City North Miami State FL Zip Code 33161-4424		Transaction ID : VSG8M9PCM31 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure Printing - Flyers		Category/Type 001			
Name of Federal Candidate HILLARY RODHAM CLINTON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		
Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Calendar Year-To-Date Per Election for Office Sought 35669.32					
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			0		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			0		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Shirin Bidel-Niyat</i>			Date 07 / 06 / 2016 [Electronically Filed]		